

AQUATIC HEALTH ACCESSION FORM
Washington Animal Disease Diagnostic Laboratory
 College of Veterinary Medicine, Washington State University
 waddl.vetmed.wsu.edu



US Postal Service mailing address: PO Box 647034
 Pullman, WA. 99164-7034

UPS, FedEx or Courier shipping address: 1940 SE Olympia Ave.
 Pullman, WA. 99164-7034

Phone: (509) 335-9696
 FAX: (509) 335 7424
 Email: waddl@vetmed.wsu.edu

DO NOT SHIP FEDEX GROUND

Check applicable:

- International Health Export** **Single-Page Result Certificate** (\$15 Fee) **STAT** (with manager approval)

Please type or use black ink and print clearly.

Veterinarian or Sample Collector: Last Name: _____ First Name: _____ Accreditation #: _____	
Clinic: _____	
Street address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Fax: _____ E-mail: _____

Owner: _____ APHIS Premise ID: _____	
Street address: _____	City: _____ State: _____ Zip: _____
Mailing Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	Fax: _____ E-mail: _____

Billing: (Select one billing preference) Animal Owner Veterinarian
 Reporting: (Select all reporting preferences) Animal Owner Veterinarian

Please fill out completely as possible. Please use the Identification Sheet for Multiple Animals (page 2) for submissions with more than one animal.

Test Method or Testing Section Requested: *If specific test is known, please list in the Test(s) Requested below.*

Standard Histopathology	Necropsy	Bacteriology	Virology
Urgent Histopathology	PCR	Parasitology	Other: _____

Note: WADDL reserves the right to modify the tests requested for more efficient case work-up and / or to send specimens to outside laboratories to perform testing not done at WADDL. Samples submitted become the property of WADDL and may be disposed of in 30

Animal ID/Tag #/Lot #: <i>For multiple, see Page 2.</i>	Species/Breed _____ days.	Water Temperature _____	Animal Weight _____	Age _____
Location of Lesion(s) _____	No. in group _____	No. Dead _____	No. Sick _____	No. on Premises _____
Was animal euthanized? <input type="checkbox"/>	Sampling Date: _____	Tracking No.: _____		
Water: <input type="checkbox"/> Marine/Brackish <input type="checkbox"/> Freshwater	System: <input type="checkbox"/> Flow-through <input type="checkbox"/> Recirculating	<input type="checkbox"/> Net pen	Other: _____	

Tissue	Type (Fresh, Fixed, Culture, Slides)	Test(s) Requested	# of pools/ # of fish per pool

Additional History: *Include vaccination status, symptoms, stress factors, treatments, postmortem findings, feed or feed additives, clinical lab results, previous WADDL case numbers and conditions suspected. Attach additional sheets as needed.*

SAMPLE COLLECTOR: _____
 _____ Print Collector's Name _____ Sample Collector's Signature

IDENTIFICATION SHEET FOR MULTIPLE ANIMALS

Online submissions through the client portal are preferred, please see our *Submit a Sample page* on our website for additional information.

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Website: <http://waddl.vetmed.wsu.edu>

Owner: _____

Veterinarian: _____

Test(s) Requested: _____

Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name	Tube	Animal # or Name
1	_____	26	_____	51	_____	76	_____
2	_____	27	_____	52	_____	77	_____
3	_____	28	_____	53	_____	78	_____
4	_____	29	_____	54	_____	79	_____
5	_____	30	_____	55	_____	80	_____
6	_____	31	_____	56	_____	81	_____
7	_____	32	_____	57	_____	82	_____
8	_____	33	_____	58	_____	83	_____
9	_____	34	_____	59	_____	84	_____
10	_____	35	_____	60	_____	85	_____
11	_____	36	_____	61	_____	86	_____
12	_____	37	_____	62	_____	87	_____
13	_____	38	_____	63	_____	88	_____
14	_____	39	_____	64	_____	89	_____
15	_____	40	_____	65	_____	90	_____
16	_____	41	_____	66	_____	91	_____
17	_____	42	_____	67	_____	92	_____
18	_____	43	_____	68	_____	93	_____
19	_____	44	_____	69	_____	94	_____
20	_____	45	_____	70	_____	95	_____
21	_____	46	_____	71	_____	96	_____
22	_____	47	_____	72	_____	97	_____
23	_____	48	_____	73	_____	98	_____
24	_____	49	_____	74	_____	99	_____
25	_____	50	_____	75	_____	100 *	_____

*For over 100 samples, please copy this form and continue numbering.